HOLLAND & KNIGHT

−NO. 7500−−−P. 1-

Law Offices

## HOLLAND & KNIGHT LLP

One Atlantic Center 1201 West Peachtree Street, N.E. Suite 2000 Atlanta, Georgia 30309-3400

404-817-8500 FAX 404-881-0470 http://www.hkfaw.com Attanta Boston Bradenton Chicago Fort Laudentale Jacksonville Lakeland Los Angeles Melbourne Miami New York

Northern Virginla Orlando Providence San Antonio San Frandsco Seattle St. Petersburg Tallahassee Tampa Washington, O.C. West Palm Beach

International Offices: Caraceg\* Helsinkt Mexico City Rio de Janeiro

São Pauto Tel Aviv\* Tokyo

\*Representative Officer

## **FACSIMILE**

<u>TO:</u> Group 1600 After Final	<u> </u>					
NAME	Commissioner for Pate	ents 703-872-9307				
\ <del></del>	COMPANY/FIRM	FAX NUMBER 703-308-0198				
Washington CITY	<u>DC</u>					
	STATE	(TELEPHONE NUMBER)				
FROM:						
Patrea L. Pabst	404-817-8473	5				
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)				
FOR THE RECORD:		( Total Government)				
DATE: October 17, 2003	URGENCY: SUPER RUSH	☐ RUSH ☐ REGULAR				
FAXED BY:	FILE #: 078230/00004	CLIENT NAME: ERD 100				
CONFIRMED: YES NO	NAME:	TIME.				
If you did not receive all of the pages or find that they are illegible, please call (404) 817-8500	exempt from disclosure. If you are for delivering it to the intended re copying, printing, distribution or this feesimile is strictly prohib please immediately notify us by stated above, and destroy the original	This facsimile, along with any documents, files, or nation that is confidential, privileged, or otherwise a not the intended recipient or a person responsible cipient, you are hereby notified that any disclosure, use of any information contained in or attached to ited. If you have received this facsimile in error, facsimile or by telephone collect at the numbers inal facsimile and its attachments without reading, Your cooperation is appreciated. Thank you.				

## MESSAGE:

Applicants:

Philip John Burke and Richard John Knox

Serial No.:

09/445,865

Group Art Unit:

1642

Filed:

February 11, 2000

Examiner:

Nickol, Gary B.

For:

THERAPEUTIC SYSTEMS

# 599450\_v1

5
=
_

Under the Paperwork Reduction Act of 1995, no persons are req	ulred to	respon	U.S,	Patent	App and Trader	roved for use the mark Office; U.S	10 UOUN 07/31/2006 1	O/SB/17 (10-03) OMB 0651-0032 OF COMMERCE	
EEE TO ANGMITTA				HOUSE		lete If Kno		control number.	
FEE TRANSMITTAL			lication	Num		9/445,865			
for FY 2004						ebruary 11.	Obruary 11, 2000		
Effective 10/01/2003. Patent fees are subject to annual revision					Philip John Burke				
F-m	<i>II</i> .	Examiner Name				Gary B. Nickol			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit					1642			
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket No. ERD 100							
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other None	3. A	DDIT	IONA	L FEI	ES				
Deposit Account:	Large	Entity	Smal	Entity	r				
Deposit Account 50-1868	Fee	Fee (\$)	Fee Code	Fee (\$)		Fee Descript	ion		
Number	1051		2051		Surcharge	- late filing fee	or oath	Fee Paid	
Account Name Holland & Knight LLP	1052	50	2052			- late provision:			
The Director is authorized to: (check all that apply)	1053	130	1053		Non-Englis	sh specification			
Charge fee(s) Indicated below Credit any overpayments	1812	_,					sa <i>rt</i> e reexamination	<u>                                     </u>	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920	1804	920"	Requesting Examiner (	j publication of a	SIR prior Lo	<u>[</u>	
Charge fee(e) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1.840*	Requesting Examiner:	g publication of	SIR after		
FEE CALCULATION	1251	110	2251	56		ecoon for reply within :	first month	├ <del>─</del> ─┤	
1. BASIC FILING FEE	1252	420	2252	210		for reply within :		420.00	
arge Entity Small Entity Fee Fee Fee Fee Description Fee Paid	1253	950	2253	475	Extension	for reply within t	third month	4	
Code (\$) Code (\$)	ľ	1,480	2254			for reply within (			
1001 770 2001 385 Utility filing fee		2,010	2255	1,005	Extension	for reply within t	ifth month	330.00	
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of A			330.00	
1004 770 2004 385 Relssue fling fee	1403	330 290	2402			ef in support of : f oral hearing	an appeal	- #	
1005 160 2005 80 Provisional filing lee	1451					_	: use proceeding		
SUBTOTAL (1) (\$)	1452	110	2452			revive - unavoid			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453		2453	665	Petition to	revive - uninteni	ional		
Fee from Ext <u>ra Claims below</u> Fee Paid	1501		2501			fee (or reissue)	)		
Total Claims 9 -40*= 0 X 0 = 0	1502 1503	480 640	2502 2503		Design Issue Plant issue			<u> </u>	
Multiple Dependent	1480	130	1460			rea the Commissio	ner	<del> </del>	
الــــــــــــــــــــــــــــــــــــ	1807	50	1807			fee under 37 C			
Large Entity   Small Entity Fee Fee Fee Fee Description	1806	180	1806	180	Submission	of Information (	Disclosure Stmt		
Code (\$) Code (\$)	8021	40	8021	40	Recording e	each patent assi nes number of p	gnment per		
1202 18 2202 9 Claims in excess of 20 1201 88 2201 43 Independent claims in excess of 3	1809	770	2809	385 (	Flikng a sub	mission after fin	al rejection	<del> </del>	
1203 290 2203 145 Multiple dependent claim, If not paid	1810	770	2810	(	(87 CFR 1,	129(a))			
1204 66 2204 43 ™ Relssue Independent claims		<u>.</u>	2010	•	examined (	iditional invention (b) CFR 1,129(b)	))		
Over original patent 1205 18 2205 9 Reissus claims in excess of 20	1801	770 2801 385 Request for Continued Examination (RCE)							
and over original patent	1002	1802 900 1802 900 Request for expedited examination of a design application							
SUBTOTAL (2) (\$) -0-		Other fee (apecify)  "Reduced by Besic Filing Fee Paid SUIDTOTAL (2) 770 750 00							
**or number previously pald, if greater-For Reissues, see above	"Keduc	ed by E	sasic Fil.	ng Fee	Pald	SUBTOTAL	. (3) (\$) 750.00		
SUBMITTED BY	7 =-					(Complete	% applicable))		
Name (PrinuType) Patrea L. Pabst Registration No. (Attorney/Agent) 31,284 Telephone (404) 817-8473						-8473			
Ignature		Date October 17, 200							

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Yrademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

Pto/SB/87 (12-97)
Patent and Tradement Office: U.S. DEPARTMENT OF COMMERCE
a collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to
U.S.S.N. 09/445,865
Filed February 11, 2000
NOTICE OF APPEAL and
PETITION FOR EXTENSION OF
TIME

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on October 17, 2003

Date

Jean Hicks

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

RECEIVED Central fax centrer

QCT 2 0 2003

OFFICIAL

Burden Hour Statement: This form is estimated to take 0,03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the armount of time required to complete this form should be sent to the Chief information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Palents.